

CONTRACT A

Public Adjuster Name, Address, Phone Numbers

Date: _____ 20 _____

The insured (s) _____
Hereby retain **(Public Adjuster)** to assist in the preparation, presentation and adjustment of
all applicable claims for the loss or damage, caused by _____
at _____
Type of Loss

Which occurred on or about _____ 20 _____
Location of Loss
Date of Loss

And agree to pay (Public adjuster), upon settlement and payment of claim a fee of
_____ [not to exceed ten (10%) percent] of the amount collected, adjusted, or
otherwise received and or issued by the involved Insurance Company (ies), including salvage
proceeds, if applicable, regardless to whom said loss is payable.

**YOU MAY CANCEL THIS CONTRACT WITHOUT ANY PENALTY OR FURTHER
OBLIGATION BY CAUSING A WRITTEN NOTICE OF YOUR CANCELLATION TO BE
DELIVERED IN PERSON, BY TELEGRAM OR FACSIMILE TRANSMISSIONS BY
OVERNIGHT EXPRESS DELIVERY OR CERTIFIED OR REGISTERED UNITED STATES
MAIL, TO THE ADDRESS OF THE PUBLIC INSURANCE ADJUSTER SPECIFIED IN THIS
CONTRACT, WITHIN 3 CALENDAR DAYS OF THE DATE THAT YOU RECEIVE THIS
CONTRACT. THIS CONTRACT THEREAFTER MAY BE REVOKED BY THE INSURED
WHO SIGNED IT, OR THEIR DESIGNEE, AT ANY TIME, SUBJECTED TO THE PUBLIC
ADJUSTER'S ASSERTION OF A FEE LIEN UPON INSURANCE PROCEEDS OFFERED
OR SECURED THROUGH HIS EFFORTS AS THE INSURED'S REPRESENTATIVE. IF
YOU CANCEL THIS AGREEMENT YOU WILL REMAIN LIABLE FOR REASONABLE AND
NECESSARY EMERGENCY OUT-OF-POCKET EXPENSES OR SERVICES WHICH WERE
PAID FOR OR INCURRED BY THE PUBLIC ADJUSTER DURING SAID 3 DAY PERIOD
TO PROTECT THE INTRESTS OF THE INSURED.**

I/WE HAVE READ THE ABOVE AGREEMENT BEFORE SIGNING

Signature of Insured (s)

Date

(Public Adjuster)

By: _____

EACH PARTY SHALL RECEIVE A COPY OF THIS CONTRACT

CONTRACT B

Public Adjuster Name, Address, Phone Numbers

Date: _____ 20 _____

The insured (s) _____
Hereby retain **(Public Adjuster)** to assist in the preparation, presentation and adjustment of
all applicable claims for the loss or damage, caused by _____

at _____
Type of Loss
Location of Loss

Which occurred on or about _____ 20 _____.
Date of Loss

And agree to pay (Public adjuster), upon settlement and payment of claim a fee of ten (10%) percent of the amount collected, adjusted, or otherwise received and or issued by the involved Insurance Company (ies), including salvage proceeds, if applicable, regardless to whom said loss is payable.

YOU MAY CANCEL THIS CONTRACT WITHOUT ANY PENALTY OR FURTHER OBLIGATION BY CAUSING A WRITTEN NOTICE OF YOUR CANCELLATION TO BE DELIVERED IN PERSON, BY TELEGRAM OR FACSIMILE TRANSMISSIONS BY OVERNIGHT EXPRESS DELIVERY OR CERTIFIED OR REGISTERED UNITED STATES MAIL, TO THE ADDRESS OF THE PUBLIC INSURANCE ADJUSTER SPECIFIED IN THIS CONTRACT, WITHIN 3 CALENDAR DAYS OF THE DATE THAT YOU RECEIVE THIS CONTRACT. THIS CONTRACT THEREAFTER MAY BE REVOKED BY THE INSURED WHO SIGNED IT, OR THEIR DESIGNEE, AT ANY TIME, SUBJECTED TO THE PUBLIC ADJUSTER'S ASSERTION OF A FEE LIEN UPON INSURANCE PROCEEDS OFFERED OR SECURED THROUGH HIS EFFORTS AS THE INSURED'S REPRESENTATIVE. IF YOU CANCEL THIS AGREEMENT YOU WILL REMAIN LIABLE FOR REASONABLE AND NECESSARY EMERGENCY OUT-OF-POCKET EXPENSES OR SERVICES WHICH WERE PAID FOR OR INCURRED BY THE PUBLIC ADJUSTER DURING SAID 3 DAY PERIOD TO PROTECT THE INTERESTS OF THE INSURED.

I/WE HAVE READ THE ABOVE AGREEMENT BEFORE SIGNING

Signature of Insured (s)

Date

(Public Adjuster)

By: _____

EACH PARTY SHALL RECEIVE A COPY OF THIS CONTRACT